



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

Mark Allen Shannon

# 3515701

(Enter above the full name of the plaintiff  
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

**VERSUS**

**CIVIL ACTION NO.** 3:16-cv-02048  
(Number to be assigned by Court)

Berea Porter

Cheryl Stephens

(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No X

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Defendants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county);

\_\_\_\_\_

\_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of judge to whom case was assigned:

\_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

\_\_\_\_\_

\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement: Western Regional Jail

A. Is there a prisoner grievance procedure in this institution?

Yes X No \_\_\_\_\_

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X No \_\_\_\_\_

C. If you answer is YES:

1. What steps did you take? I Filed AN Inquiry on 1/18/16 To Medical And A Grievance to the Shift Supervisor on 1/21/16. Both To This Day Have Not Been Answered And it is 2/8/16 Today I Just Mailed A written Grievance to Dave Farmer Executive Director in Charleston today
2. What was the result? THERE WAS NO ANSWER OF STABLE RESULT FROM THIS FACILITY I'm waiting A week to 10 days to see if I got AN ANSWER FROM CHARLESTON

D. If your answer is NO, explain why not: \_\_\_\_\_

### III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Mark Allen Shannon #3515701

Address: Western Regional Jail One O'Hanlon Place Barboursville WV 25504

B. Additional Plaintiff(s) and Address(es): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: BereA Porter

is employed as: H.S.A.

at Western Regional Jail

D. Additional defendants: Cheryl Stephens

Director OF Nursing

Western Regional Jail

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See The Attached Copy of The 3 page Grievance Form I  
Sent To David Farmer Executive Director In Charleston on  
2/8/16 I'm Waiting on A Reply From Him But These Are the  
Facts of My Claim

**IV. Statement of Claim (continued):**

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**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I want to be taken to see the Ophthalmologist to get my Eye's  
checked and Examined Because without these Cheaters its like  
looking through watered Down Milk And its terrifying to know  
you can't see And They won't help you Because you can't pay The  
State Is supposed to pay I shouldn't be denied Medical Treatment.

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V. Relief (continued)):

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VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

No

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes \_\_\_\_\_

No X

If so, state the name(s) and address(es) of each lawyer contacted:

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If not, state your reasons: I wouldn't know how to go about

getting a lawyer to represent me, I thought the Court would  
appoint one IF I needed it.

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes \_\_\_\_\_

No X

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/28/16  
(Date)

Mark A. Shannon  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)

## WV REGIONAL JAIL &amp; CORRECTIONAL FACILITY AUTHORITY

## INMATE REQUEST/GRIEVANCE

(CIRCLE ONE)

NAME MARK A. SHANNON DATE 2/17/16OID NUMBER 3515701 INC DATE \_\_\_\_\_ POD F SEC 2 RM 3TO: DAVID FARMER - Executive DirectorTYPE REQUEST/GRIEVANCE: GRIEVANCEREASON FOR REQUEST/GRIEVANCE DENIAL OF MEDICAL SERVICES BECAUSEI CAN'T AFFORD TO PAY. ON OR ABOUT JANUARY 9<sup>TH</sup> OF 2016 I  
PUT IN A SICK CALL REQUEST TO HAVE MY EYES EXAMINED, I AM  
GOING BLIND AND I CAN'T SEE TO READ ANYTHING. I HAVE AMark A. Shannon  
INMATE SIGNATURE

## RESPONSE/DISPOSITION

☐ APPROVED☐ DISAPPROVED☐ REFERRED

SIGNATURE \_\_\_\_\_ RANK \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



PAIR OF CHEATER'S WITH A MAGNIFICATION OF 250 I USED TO JUST HAVE TO HAVE THEM TO READ BUT I'M WEARING THEM ON A REGULAR BASIS. I'M GETTING SEVERE HEADACHES FROM WEARING THEM AND MY VISION IS GETTING EVEN WORSE. ABOUT 2 OR 6 DAY'S AFTER PUTTING IN MY SICK CALL REQUEST A NURSE CAME TO THE POD AND CALLED ME OUT IN THE HALL AND ASK WHAT THE PROBLEM WAS. I TOLD HER I COULDN'T SEE AND I NEEDED MY EYES EXAMINED. A WEEK OR SO MAYBE 10 DAY'S LATER I WAS TAKEN TO MEDICAL TO VIEW AN EYE CHART. THE NURSE TOLD ME I WOULD BE CALLED THE NEXT DAY TO DISCUSS PAYMENT OPTIONS, I TOLD HER I COULDN'T AFFORD TO PAY AND I WAS NEVER CALLED TO SEE A DOCTOR BUT A \$5.00 CHARGE WAS TAKEN FROM MY ACCOUNT. ON THE 19<sup>TH</sup> OF JANUARY I PUT AN INQUIRY ON THE KIOSK TO MEDICAL COMPLAINING OF THE \$5.00 FEE AND NOT SEEING A DOCTOR, AND ON THE 21<sup>ST</sup> OF JANUARY I PUT IN A GRIEVANCE TO THE SHIFT SUPERVISOR COMPLAINING OF THE SAME. TO THIS DAY NEITHER HAS BEEN ANSWERED, I SENT ONE TO THE COUNSELOR AND I'M INFORMED THEY CAN'T HELP ME BECAUSE THEY HAVE NO CONTROL OVER MEDICAL MATTERS. ON WEDNESDAY FEBRUARY 3<sup>RD</sup> I'M AGAIN CALLED TO THE HALLWAY TO SEE A NURSE, SHE INFORMS ME THAT I'VE BEEN DENIED TO SEE AN OPHTHALMOLOGIST BECAUSE I CAN'T AFFORD TO PAY. ON FRIDAY NOVEMBER 13<sup>TH</sup> 2015 I WAS SENTENCED TO A ONE TO THREE YEAR TERM IN PRISON, AT THAT POINT AND TIME I BECAME A

WARD OF the State, therefore All Medical Issues became A Part OF the State. I'm Supposed to Be IN Prison Not housed in this Regional Jail IN Prison I could get And have A Job AND MAYBE Afford to Pay Some OF the Cost. As it is NOW I'm Doing good to Survive I Need My Eyes Checked I CAN'T See AND Im HAVING Severe headaches. I Also Need Copies Returned to Me OF All this Paperwork For my 1983 forms it Said to Exhaust All Available Administrative Remedies AND I've Done Everything here, you Are my last option AND the 1983 Form AND Federal Court Are the LAST Remedy. Thank You For Your Time AND Effort ON This Matter.

Sincerely  
Mark A. Shanna  
#3515201

Blake A. Shannon #3515701  
One O'Harden Place  
Bardoniaville MD, 21011  
25504

THIS PERSON IS AN INMATE  
OF WESTERN REGIONAL JAIL

Clark United States District Court  
845 3rd Ave. Room 101  
Huntington MD. 25701

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